

Section C

Glossary

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Accessibility—a measure of the degree to which the health care delivery system inhibits or facilitates an individual's ability to receive its services, including geographic, architectural, transportation, social, time, and financial considerations.

Ambulatory Surgery—surgical procedures that are more complex than office procedures performed under local anesthesia but less complex than major procedures requiring prolonged post-operative monitoring and hospital care to ensure safe recovery and desirable results. General anesthesia is used in most cases. The patient must arrive at the facility and expect to be discharged on the same day. Ambulatory surgery shall be performed only by physicians or dentists licensed to practice in the State of Mississippi.

Examples of procedures performed include, but are not limited to:

- Tonsillectomies and adenoidectomies
- Nasal polypectomy
- Submucosa resection
- Some cataract procedures
- Cosmetic procedures
- Breast biopsy
- Augmentation mammoplasty
- Hand surgery
- Cervical conization
- Laparoscopy and tubal sterilization
- Circumcision
- Urethral dilation
- Simple hernia repairs
- Stripping and ligation of varicose veins

Ambulatory Surgical Facility—a publicly or privately owned institution which is primarily organized, constructed, renovated, or otherwise established for the purpose of providing elective surgical treatment of outpatients whose recovery, under normal and routine circumstances, will not require inpatient care. Such facility as herein defined does not include the offices of private physicians or dentists whether practicing individually or in groups, but does include organizations or facilities primarily engaged in such outpatient surgery, whether using the name "ambulatory surgical facility" or a similar or different name. Such organization or facility, if in any manner considered to be operated or owned by a hospital or a hospital holding, leasing, or management company, either for-profit or not-for-profit, is required to comply with all Mississippi State Department of Health ambulatory surgical licensure standards governing a hospital affiliated facility as adopted under Section 41-9-1 et seq., Mississippi Code of 1972; provided that such organization or facility does not intend to seek federal certification as an ambulatory surgical facility as provided for 42 CFR, Parts 405 and 416. Further, if such organization or facility is to be operated or owned by a hospital or a hospital holding, leasing, or management company and intends to seek federal certification as an ambulatory facility, then such facility is considered to be freestanding and must comply with all Mississippi State Department of Health ambulatory surgical licensure standards governing a freestanding facility. If such organization or facility is to be owned or operated by an entity or person other than a hospital or hospital holding, leasing, or management company, then such organization or facility must comply with all Mississippi State Department of Health ambulatory surgical facility standards governing a freestanding facility.

Bed Need Methodologies—quantitative approaches to determining present and future needs for inpatient beds.

Capital Improvements—costs other than construction which will yield benefits over a period of years. Examples of capital improvements are painting, refurbishing, and land improvements, such as improving driveways, fences, parking lots, and sprinkler systems.

Capitalized Interest—interest incurred during the construction period, which is included in debt borrowing.

Construction Formulas—

New Construction/Renovation

(Prorated Project): Cost/square foot =
$$\frac{A+C+D+(E+F+G(A\%*))}{\text{New Const. Square Feet}}$$

Cost/square foot =
$$\frac{B+(E+F+G(B\%))*+H}{\text{Renov. Square Feet}}$$

New Construction

(No Renovation Involved): Cost/square foot =
$$\frac{A+C+D+E+F+G}{\text{Square Feet}}$$

Renovation

(No New Construction): Cost/square foot =
$$\frac{B+C+E+F+G+H}{\text{Square Feet}}$$

When: A = New Construction
B = Renovation
C = Fixed Equipment
D = Site Preparation
E = Fees
F = Contingency
G = Capitalized Interest
H = Capital Improvement

*A% - refers to the percentage of square feet allocated to new construction.

**B% - refers to the percentage of square feet allocated to renovation.

Example: ABC Health Care's project for construction/renovation consists of 10,000 square feet of new construction and 9,000 square feet of renovation, for a total of 19,000 square feet.

A% =
$$\frac{10,000}{19,000}$$
 or 53%

B% =
$$\frac{9,000}{19,000}$$
 or 47%

Continuing Care Retirement Community—a comprehensive, cohesive living arrangement for the elderly which is offered under a contract that lasts for more than one year or for the life of the resident and describes the service obligations of the CCRC and the financial obligations of the resident. The contract must obligate the CCRC to provide, at a minimum, room, board, and nursing

care to an individual not related by consanguinity or affinity to the provider furnishing such care. The contract explicitly provides for full lifetime nursing home care as required by the resident. The resident may be responsible for the payment of some portion of the costs of his/her nursing home care, and the CCRC sponsor is responsible for the remaining costs as expressly set forth in the contract. Depletion of the contractee's personal resources shall not affect the contribution of the CCRC sponsor.

A CCRC facility must include on the site of the facility at least, but not limited to, the following components: (a) independent living accommodations for persons who are able to carry out normal activities of daily living without assistance (such accommodations may be in the form of apartments, flats, homes, cottages, and rooms within a suitable structure); (b) domiciliary care (licensed personal care beds) beds for use by persons who, because of age or disability, require some personal services, incidental medical services, and room and board to assure their safety and comfort; and (c) intermediate or skilled nursing care beds, or both.

Conversion—describes a major or proportional change that a health care facility undertakes in its overall mission, such as the change from one licensure category to another, from one organizational tax status to another, or from one type of health care facility to another, etc.

Cost Containment—the control of the overall costs of health care services within the health care delivery system.

Criteria—guidelines or pre-determined measurement characteristics on which judgement or comparison of need, appropriateness, or quality of health services may be made.

Existing Provider—an entity that has provided a service on a regular basis during the most recent 12-month period.

Facilities—collectively, all buildings constructed for the purpose of providing health care (including hospitals, nursing homes, clinics, or health centers, but not including physician offices); encompasses physical plant, equipment, and supplies used in providing health services.

Feasibility Study—a report by the chief financial officer, an independent recognized firm of accountants or consultants demonstrating that the cash flow generated from the operation of the facility will be sufficient to complete the project being financed and to pay future annual debt service.

Freestanding Ambulatory Surgical Facility—a separate and distinct facility or a separate and distinct organized unit of a hospital owned, leased, rented, or utilized by a hospital or other persons for the primary purpose of performing ambulatory surgery procedures. Such facility must be separately licensed as herein defined and must comply with all licensing standards promulgated by the Mississippi State Department of Health regarding a freestanding ambulatory surgical facility. Further, such facility must be a separate, identifiable entity and must be physically, administratively, and financially independent and distinct from other operations of any other health facility and shall maintain a separate organized medical and administrative staff. Furthermore, once licensed as a freestanding ambulatory surgical facility, such facility shall not become a component of any other health facility without securing a Certificate of Need to do so.

Group Home—a single dwelling unit whose primary function is to provide a homelike residential setting for a group of individuals, generally 8 to 20 persons, who neither live in their own home nor require institutionalization. Group homes are used as a vehicle for normalization.

Habilitation—the combined and coordinated use of medical, social, educational, and vocational measures for training individuals who are born with limited functional ability as contrasted with people who have lost abilities because of disease or injury.

Home Health Agency—certain services must be provided directly by a licensed home health agency and must include all skilled nursing services; physical, occupational, or speech therapy; medical social services; part-time or intermittent services of a home health aide; and other services as approved by the licensing agency for home health agencies. In this instance, "directly" means either through an agency employee or by an arrangement with another individual not defined as a health care facility.

Hospital Affiliated Ambulatory Surgical Facility—a separate and distinct organized unit of a hospital or a building owned, leased, rented, or utilized by a hospital and located in the same county in which the hospital is located for the primary purpose of performing ambulatory surgery procedures. Such facility is not required to be separately licensed and may operate under the hospital's license in compliance with all applicable requirements of Section 41-9-1 et seq.

Limited Care Renal Dialysis Facility—a health care facility which provides maintenance or chronic dialysis services on an ambulatory basis for stable ESRD patients. The limited care renal dialysis facility is considered a substitute for home dialysis to be used by patients who cannot dialyze at home. The facility provides follow-up and back-up services for home dialysis patients.

Magnetic Resonance Imaging (MRI) Scientist—a professional with similar skills and job qualifications as a medical physicist, who holds a comparable degree in an allied science, such as chemistry or engineering, and shows similar experience as the medical physicist with medical imaging and MRI imaging spectroscopy.

Market Share—historical data used to define a primary or secondary geographic service area, i.e. patient origin study using counties, zip codes, census tracts, etc.

Occupancy Rate—measure of average percentage of hospital beds occupied; determined by dividing available bed-days (bed capacity) by patient days actually used during a specified time period.

Outpatient Facility—a medical institution designed to provide a limited or full spectrum of health and medical services (including health education and maintenance services, preventive services, diagnosis, treatment, and rehabilitation) to individuals who do not require hospitalization or institutionalization.

Pediatric Skilled Nursing Facility a pediatric skilled nursing facility is an institution or a distinct part of an institution that is primarily engaged in providing to inpatients skilled nursing care and related services for persons under 21 years of age who require medical, nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

Policy Statement—a definite course of action selected in light of given conditions to guide and determine present and future decisions.

Positron Emission Tomography (PET)— a non-invasive imaging procedure in which positron-emitting radionuclides, that are produced either by a cyclotron or a radiopharmaceutical producing generator, and a nuclear camera are used to create pictures of organ function rather than structure. PET, therefore, has the potential for providing unique, clinically important information about

disease processes. Key applications for PET are in coronary artery disease and myocardial infarction, epilepsy, cerebral gliomas, and dementia.

Radiation Therapy—the use of ionizing radiations for the treatment of tumors.

Renal Dialysis Center—a health care facility which provides dialysis services to hospital patients who require such services. The dialysis provided in a renal dialysis center functions primarily as a backup program for ESRD patients dialyzing at home or in a limited care facility who are placed in a hospital. A renal dialysis center may also serve as an initial dialysis setting for newly diagnosed ESRD patients who are in the hospital. A center may also provide acute dialysis services as needed.

Renal Transplant Center—a health care facility which provides direct transplant and other medical-surgical specialty services required for the care of the ESRD transplant patient. Services provided include, but are not limited to, acute renal dialysis, organ procurement system, organ preservation program, and tissue typing laboratory.

Standard—a quantitative level to be achieved regarding a particular criterion to represent acceptable performance as judged by the agency establishing the standard.

Therapeutic Radiation Services—therapeutic radiation treatments/procedures delivered through the use of a linear accelerator or 60Co teletherapy unit.

Therapeutic Radiation Unit/Equipment—a linear accelerator or 60Co teletherapy unit. This equipment is also commonly referred to as a "megavoltage therapeutic radiation unit/equipment."